

Towards zero leprosy

Global Leprosy (Hansen's disease)
Strategy 2021–2030



World Health
Organization

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Foreword



Over the past decade the world has made considerable progress in the battle against leprosy, also known as Hansen's disease. In 2019, just over 200 000 cases of leprosy were detected from 118 countries globally. Around 5% of cases had visible deformities at the time of diagnosis, equating to 1.4 per million population – a 40% reduction on the 2014 figure. Globally, the new child case detection rate was 7.9 per million children, marking a significant improvement on the 2014 rate of 10.1. Virtually all new cases can now be cured within six to twelve months.



The WHO Global Leprosy Strategy 2021–2030, which was developed through a consultative process with all major stakeholders, reflects these epidemiological changes. Whereas previous strategies focused on the “elimination of leprosy as a public health problem”, defined as less than one case on treatment per 10 000 population, the new strategy focuses on interrupting transmission and achieving zero autochthonous cases. In doing so, the Strategy aims to motivate high-burden countries to accelerate activities while compelling low-burden countries to complete the unfinished task of making leprosy history.

Notably, the Strategy is aligned with broader global health trends, including the move towards multi-disease service integration, digitalization and accountability, and addresses key challenges, such as human resource capacity, surveillance and antimicrobial resistance. The Strategy promotes innovative approaches such as the use of targeted active case detection and the potential introduction of a safe and effective vaccine, and calls on countries to develop “zero-leprosy roadmaps” and provide chemoprophylaxis to all contacts of confirmed cases. Crucially, the Strategy redefines the burden of leprosy to not only include persons in need of physical treatment and socioeconomic rehabilitation, but also persons suffering from the mental health impact of leprosy.

The implementation of the Global Leprosy Strategy 2021–2030 will drive rapid and sustained progress in all leprosy-endemic countries, advancing progress on the WHO Roadmap for Neglected Tropical Diseases 2021–2030 and the Sustainable Development Goal targets. A world with zero leprosy infection and disease, zero disability, and zero leprosy-related stigma and discrimination, is possible. Together we must act.

Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region

Abbreviations

AMR	antimicrobial resistance
BCG	<i>bacille Calmette-Guérin</i>
G2D	grade-2 disability
GPZL	Global Partnership for Zero Leprosy
ILEP	International Federation of Anti-Leprosy Associations
MB	multi-bacillary
MDT	multidrug therapy
<i>M. leprae</i>	<i>Mycobacterium leprae</i>
NGO	nongovernmental organization
NLP	national leprosy programme
NNN	NTD NGO Network
NTD	neglected tropical disease
SDG	sustainable development goal
TAG	Technical Advisory Group
WHA	World Health Assembly
WHO	World Health Organization

Strategy at a glance

Long term vision: Zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination

Goal: Elimination of leprosy (defined as interruption of transmission)

Global targets for 2030:

120

countries
with zero new
autochthonous
cases

70%

Reduction in
annual number
of new cases
detected

90%

Reduction in rate per
million population of
new cases with grade-2
disability (G2D)

90%

Reduction in rate
per million children
of new child cases
with leprosy

Strategic pillars and key components

1 Implement integrated, country-owned zero leprosy roadmaps in all endemic countries

- Political commitment with adequate resources for leprosy in integrated context
- National partnerships for zero leprosy and zero leprosy roadmaps engaging all stakeholders
- Capacity building in the healthcare system for quality services
- Effective surveillance and improved data management systems
- Monitoring of antimicrobial resistance (AMR) and adverse drug reactions

2 Scale up leprosy prevention alongside integrated active case detection

- Contact tracing for all new cases
- Preventive chemotherapy scaled up
- Integrated active case-finding in targeted populations
- Existing and potential new vaccines

3 Manage leprosy and its complications and prevent new disability

- Early case detection, accurate diagnosis and prompt treatment
- Access to comprehensive, well-organised referral facilities
- Diagnosis and management of leprosy reactions, neuritis and disabilities
- Monitoring, support and training in self-care
- Mental well-being through psychological care and therapeutic counselling

4 Combat stigma and ensure human rights are respected

- Adoption of the United Nations *Principles and Guidelines for elimination of discrimination against persons affected by leprosy and their family members*
- Inclusion of organisations and networks of persons affected by leprosy
- Amendment of discriminatory laws
- Interventions and processes to reduce and monitor leprosy-related stigma in communities
- Access to social support and rehabilitation

Research

The strategy includes a set of research priorities of key importance for this strategic period. Global and national investment in research are essential to achieving zero leprosy.

Development

November 2018: Request for input on 2030 targets for 2021–2030 NTD Roadmap and Global Leprosy Strategy sent to the WHO Technical Advisory Group (TAG) on leprosy and partners

February 2019: Online survey of National Leprosy Programmes (NLPs) and partners on possible 2030 targets

April 2019: WHO Global training of NLP managers from priority leprosy-endemic countries, Bangkok, Thailand

June 2019: International Leprosy Training Programme for Developing Countries, Tai'an, China

September 2019: Symposium "Innovations in Leprosy Control", Twentieth International Leprosy Congress, Manila, the Philippines

November 2019: WHO Training of NLP managers from hyper-endemic island countries, Pohnpei, Federated States of Micronesia

December 2019: National Conference on Zero Leprosy Initiative 2030, Dhaka, Bangladesh

April 2020: Set up of WHO Task force on definitions, criteria and indicators for transmission and elimination of leprosy

October 2020: Global consultation with NLP managers, partners, and affected persons on Global Leprosy Strategy 2021–2030

December 2020: Finalization of Global Leprosy Strategy 2021–2030

January 2019: First International Dermacon and 47th National Conference of the Indian Association of Dermatologists, Venereologists and Leprologists, Bengaluru, India

April 2019: Twelfth meeting of the WHO Strategic and Technical Advisory Group on Neglected Tropical Diseases (NTDs), Geneva, Switzerland

April-May 2019: E-mail feed-back on first draft strategy from technical experts in leprosy

July-September 2019: Leprosy chapter finalized in NTD Roadmap 2021–2030

September 2019: WHO side meeting in the Tenth NTD NGO Network (NNN) Conference, Liverpool, United Kingdom

November 2019: Sixteenth meeting of TAG-Leprosy, New Delhi, India

February 2020: WHO Informal consultation on defining criteria to declare elimination of transmission of leprosy, Mexico City, Mexico

June-August 2020: Consolidation of full document of Global Leprosy Strategy 2021–2030

November 2020: World Health Assembly (WHA) endorsement of the document Ending the Neglect to Attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases 2021-2030

Overview and context

Leprosy is classified by WHO as one of twenty NTDs¹. Like other NTDs, its occurrence is often related to poor socio-economic conditions. It is a communicable disease, caused by *Mycobacterium leprae* (*M. leprae*)², with a long incubation period. Leprosy is likely transmitted by droplets from the nose and mouth during prolonged and close contact with untreated leprosy patients. It affects the skin and peripheral nerves and, if untreated, can progress to permanent impairments to the skin, nerves, face, hands and feet, and to disabilities and social exclusion. Stigma and discrimination have played a major role in leprosy for millennia; overcoming them is important to reach zero leprosy.

Following the successful introduction of multidrug therapy (MDT) in 1981, WHO strategies focused on reducing prevalence, initially to below 1 per 10 000 population, and then on further reducing new case detection, disability (especially among children), and stigma and discrimination³. Some countries have achieved very low case numbers and may have interrupted community transmission. In recent years, a single dose of rifampicin as preventive chemotherapy has proven effective in reducing the risk of leprosy in contacts of leprosy patients⁴. These developments have encouraged WHO to reset the target for leprosy as elimination, defined as no new autochthonous cases as a result of interruption of transmission¹. WHO is developing standard operating procedures to verify elimination of transmission, in which a key element will be a commitment to post-elimination surveillance. Incorporating the goals of zero disability and zero discrimination, this strategy is boldly entitled **Towards Zero Leprosy**.

The **Global Leprosy Strategy 2021–2030** is one of the disease-specific strategies underpinning the WHO *Road map for NTDs 2021–2030*. The leprosy profile from the NTD Road map is attached in Annex 1. The road map, its companion documents and the related strategies are a significant contribution to the Sustainable Development Goals (SDGs), especially SDG 3 (healthy lives and wellbeing, including the goal of universal health coverage), SDG 10 (reduced inequalities) and SDG 17 (partnerships). The commitments of the SDGs are to leave no one behind and to endeavour to reach the furthest behind first⁵. Through the combination of disability and stigma, persons affected by leprosy are consistently among the most left behind. This strategy sets out to challenge and change that.

The role of partners, at global and country level, is significant. The formation in 2018 of the Global Partnership for Zero Leprosy (GPZL)⁶ has been a major step forward in aligning the efforts and priorities of partners and stakeholders throughout the leprosy world. Its Leadership Team includes representatives of NLPs, the private sector, nongovernmental organisations (NGOs), donors, academia, organisations of persons affected by leprosy, and WHO's Global Leprosy Programme (as observer). The emergence of networks of persons affected, supported in recent years by the United Nations Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members, has given them greater confidence and a stronger voice⁷.



Fundamental gaps in knowledge continue to impede progress. After a comprehensive review involving national programmes and scientists worldwide, GPZL and the Leprosy Research Initiative have developed a consensus set of research priorities⁸ which the wider leprosy community is urged to support.

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